

CERTIFICATION TO THE DIVISION OF FAMILY AND CHILDREN_ EXPENDITURES - APPROVED DISTRICT PLANS - TITLE _____

State Form 45530 (R / 1-03) / FM 0412 Approved by State Board of Accounts, 2002 Prescribed by Division of Family and Children, FSSA

County	District		Date (month, day, year)	
Prepared by		Telephone num	Telephone number	
OFFICIATION OF COUNTY OFFICE PIPEATOR				
CERTIFICATION OF COUNTY OFFICE DIRECTOR				
I hereby certify that the attached claim, Claim for Reimbursement for Expenditures (FM 0411), showing payment				
made from the Family and Children fund in the total amount of \$ is for services actually performed and authorized				
by the Local Office, Division of Family and Children.				
ACCOUNT / SUB-ACCOUNT NUMBER	AMOUNT	REIMBURSEMENT	NET TOTAL	
(from FM 0411 Column 4 and 5) (1	rom FM 0411)	(from FM 0413)	(by line)	
Total for Column:				
I further certify that the foregoing account is just and correct; that the amount claimed is legally due, after allowing all just credits, and that no part of the same has been paid.				
Signature of County Office Director			Date (month, day, year)	
REIMBURSEMENT CALCULATION (For use of Central Office only)				
Total expenditures certified by County Office.			\$	
2. Less: Repayments and amounts not eligible for reimbursement.			\$	
3. Total expenditures eligible for reimbursement.			\$	
4 Table 2 days - 1 - 2 - 2 days - 1 - 2 days				
4. Total reimbursement to County Office 100% of line 3 above.			\$	
Account number (to be paid from):				
FID number (County Auditor):				
DISTRIBUTION: Attach white and canary copies of FM 0411 and white and canary copies of FM 0413.				

Send to: Family and Social Services Administration

Division of Family and Children

402 West Washington Street, Room W364

ATTN: Account Clerk Indianapolis, IN 46204

Pink copy - County File